

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WISCONSIN TRUTH PAC		FEC IDENTIFICATION NUMBER ▼ C C00804104
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee BrabenderCox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2022
Mailing Address 1218 Grandview Avenue		Amount 28600.00
City Pittsburgh	State PA	Zip Code 15211
Purpose of Expenditure Media Production	Category/ Type	Transaction ID : SE.4354 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BARNES, MANDELA, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2022
Mailing Address PO Box 1051		Amount 455903.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media Placement	Category/ Type	Transaction ID : SE.4351 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BARNES, MANDELA, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	484503.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Diehr, Sara, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2022

Signature